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Bib Data Sheet

CONFIRMATION NO. 5455

SERIAL NUMBER 10/762,893	FILING DATE 01/22/2004 RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. 52000
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APPLICANTS

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** CONTINUING DATA ***** None (P) 12/8/05

** FOREIGN APPLICATIONS ***** None (P) 12/8/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/27/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *fs*

ADDRESS

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TITLE

Novel toothpaste tube

FILING FEE RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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